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April 3, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Acting Director and Chief Medical Officer

SUBJECT: **ALLEGED PATIENT DROP-OFFS TO SKID ROW**

This is to provide you with an update regarding the concerns raised by Union Rescue Mission (URM) regarding patients who have allegedly been released from area hospitals and transported to Skid Row inappropriately which has generated considerable attention by the media. Additionally, this is to provide information related to the attached March 22, 2006 letter from four Los Angeles City Council members regarding patient "dumping" on Skid Row which was sent to all acute care hospitals in Los Angeles County.

On Thursday March 23, 2006, DHS staff reviewed all Emergency Medical Services (EMS) transports from a Department of Health Services (DHS) facility to a Skid Row Mission from the period of January 1, 2006 forward to determine if these referrals and transports were appropriately facilitated.

Nine such transports were identified. Of the nine patients, documentation within their medical records indicated the following:

- Five either lived at one of the missions prior to hospitalization or requested to be discharged to Skid Row.
- Two patients had shelter placement pre-arranged with a mission.
- One had a pre-arrangement made by the hospital social worker and went to the facility to pick up his wheelchair but was non-compliant and would not accept any further referrals.
- One patient had been living in his car when he was hospitalized for clavicle fracture due to a motor vehicle accident. This patient did not want to be discharged from the hospital even though his inpatient treatment was completed. However, he finally accepted a referral to one of the missions.

Subsequent to our review of the above referenced EMS transported clients, Andy Bales, President of URM, faxed to DHS a listing of twenty-seven incidents entitled "Patient Dumping Data Form" of walk-ins to URM from various Los Angeles County hospitals that occurred since November 2005. Of the twenty-seven, eleven of these forms indicated patients that were released from a DHS facility. However, the forms indicated that five of these patients requested to go to URM and had no medical issues.

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Libby Boyce, DHS Homeless Services Coordinator, contacted Mr. Bales to clarify the information contained in the report. Mr. Bales acknowledged that five incidents should not have been on the form and that this was due to a URM staff training issue. Two additional patients on the URM "Patient Dumping Data Form" were identified on the EMS listing referred to above.

The remaining four cases were reviewed by DHS. A review of their medical charts indicated the following:

- One patient had URM placement pre-arranged with a URM staff.
- One patient claimed to have come from URM and gave that address as his own. The social worker felt he was more appropriate for a Board and Care placement, which was arranged for the patient, however, he refused because he didn't want to use his Social Security benefits for housing. His medical history was solely for chronic alcohol abuse.
- One patient was documented on two separate URM's "Patient Dumping Data Forms." One of the forms, which did not contain a date, notes that the patient came to URM with an "IV in her arm." The other form indicated "No" under the section that addresses medical concerns. LAC+USC's medical record for this patient reflects only one admission within the timeframe reviewed. This admission date directly corresponds to the "Patient Dumping Data Form" that indicated "No" under the medical concerns section. During the hospitalization, this patient was assessed by physical therapy and cleared for release. She refused a Board and Care placement and was discharged on her own.
- One patient was discharged to the Bell shelter one day prior to the date recorded on the "Patient Dumping Data Form." No referral was documented to URM on behalf of this patient on the date indicated.

As previously reported, the Department is developing a comprehensive discharge planning protocol for homeless patients for implementation by DHS hospitals on July 1, 2006.

In the meantime, Ms. Boyce will meet with Mr. Bales of URM to discuss the results of our internal findings and to outline strategies for improved communication with his agency.

If you have any questions or need further information, please let me know.

BAC:lb

Attachments

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors



CITY HALL
LOS ANGELES, CALIFORNIA 90012

March 22, 2006

To All CEO's of Acute Care Hospitals in Los Angeles County:

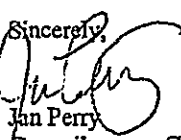
We are writing to demand that you immediately take the appropriate steps to stop the practice of releasing patients that have received treatment in emergency rooms at acute care hospitals and clinics to the streets of skid row. You should no longer make an assumption or claim that there is a support network that has the capacity to deal with whoever arrives at the doors of the agencies that serve the indigent in downtown Los Angeles.

It is imperative that the practice of "dumping" people here in the interest of expeditiously moving them from your facilities stop immediately. Taking the easy way out is not defensible. Particularly, when it comes from the very institutions that are supposed to protect and assist people that are sick, frail, confused and without resources.

If hospitals and clinics are not our partners in service to the people that need us the most what have we become as a community and as a society? On March 20, a 64 year old woman who is sick, confused and unable to fend for herself, was released by an area hospital and sent by taxi to walk the streets alone in arguably one of the most dangerous areas in Los Angeles to find her way to services. This does not begin to reflect what we believe is achievable, within the law and principles of good hospital practice.


There is a network of services here. They are overwhelmed. They are also ready to help. At minimum making the effort to directly connect patients needing assistance to a service provider in skid row or even better to services near their home in cities throughout Los Angeles County prior to discharge from a hospital is not only achievable, it must be done. There are hundreds of good people that want to help. Patients can be connected to services. From now on it needs to be done right without excuses.

We are asking that a good faith examination of all hospital discharge practices be undertaken immediately. We are ready to help provide you with lists of service providers, emergency housing providers and agencies that can assist you all. We are ready to use government resources to examine State Law to see what needs to be done to bring an end to the practice of dumping defenseless and sick people on to the street. It is our hope that you will answer the call and partner with us to see that we achieve a far better outcome for the people that need us the most.

Sincerely,

Jan Perry
Councilwoman CD 9


Eric Garcetti
Councilman CD 13


Bill Rosendahl
Councilman CD 11


Wendy Greuel
Councilwoman CD 2

Homeless Discharge Data for County Transports January – March 15, 2006
LAC + USC Medical Center

Pt. Initials & DOB	EMS or URM List	Pre-admit Residence	Reason for Admission and Date	D/C Plan	Trip Date Time & Mode	Ongoing Medical Concerns	Pt. request for Skid Row resource?	Pt. aware & agreed to D/C Plan?	Social Worker Involved?	Aftercare Needs	Shelter Placement Arranged?
KO 9/24/05 <i>Pediatric</i>	EMS	Union Rescue Mission	No Admit – ER Visit for Upper Respiratory Infection (URI)	Discharged to Union Rescue Mission with instructions on: 1. Cough and colds 2. Good Handwashing 3. Neosynephrine nose drops 4. Return for any concerns esp. fever over 48 hrs, more crying, or vomiting	1/3/06 0417 Ambulance	None	Yes	Yes	No	Follow-up at continuity clinic on 1/30/06	ND*
VH	EMS	Midnight Mission Substance Abuse Program	No Admit – ER visit for abdominal pain	Discharge to Midnight Mission	1/4/06 Ambulance	35 weeks pregnant	Yes	Yes	No	Delivery in one month	ND*
IA 1/25/68	EMS	Midnight Mission	Urinary catheter clog 1/1/06	D/C to Midnight Mission to retrieve wheelchair and given instructions to go to Union Rescue Mission medical clinic with supplies for dressing changes	1/4/06 1430 Ambulance	Stage 3 decubitus ulcer Paraplegic MediCal pending	No	Aware but does not agree (Pt. is a frequent user, is not cooperative with staff or plans for f/u, has a hx of abusive behavior)	Yes	Decubitus ulcer care needed but client refuses to cooperate with social work staff for MediCal application	ND*

ND – Not Documented

*Please see pre-admit residence/pt. agreed to d/c plan

Homeless Discharge Data for County Transports January – March 15, 2006
LAC + USC Medical Center

Pt. Initials & DOB	EMS or URM List	Pre-admit Residence	Reason for Admission and Date	D/C Plan	Trip Date, Time & Mode	Ongoing Medical Concerns	Pt. request for Skid Row resource?	Pt. aware & agreed to D/C Plan?	Social Worker Involved?	Aftercare Needs	Shelter Placement Arranged?
DH 3/21/57	URM	Union Rescue Mission	Cocaine induced psychosis 12/24/05	Transferred to Ingleside Hospital on 1/5/06	1/5/06 Ambulance	Schizophrenia, depression Substance Abuse	Yes	Yes	Yes	Referrals provided to LAC Outpatient clinic and Downtown Mental Health Center.	Yes
WN 3/5/47	EMS	Union Rescue Mission	GI Bleed, Esophageal varices, Cirrhosis 1/6/06	EGD on 1/13/06 Follow-up clinic in 3 weeks	1/9/06 1930 Ambulance	Cirrhosis	Yes	Yes	Yes	Follow-up for liver disease	ND*
LR	URM	Union Rescue Mission	ETOH disoriented, Hx of CVA	Discharge to Board and Care arranged – client initially agreed but at discharge refused. Client was provided bus tokens and released on his own.	1/13/06 Taxi Questionable due to bus tokens being provided	None other than alcohol use.	No	Initially agreed to B & C but later refused	Yes	None	No
CB	URM		Syncope, diabetes, hx of CVA	Discharge via taxi by physician request. Not appropriate for nursing home and refused Board and Care placement. Physical therapy assessed and cleared for discharge.	1/12/06 Taxi	Diabetes Hx of CVA	ND	Did not accept referral to B & C	Yes	Clinic appointment given for 1/17/06 – did not show	ND*
LU 7/15/72	EMS	Street	Abdominal pain 1/13/06	Discharge to Union Rescue Mission Hispanic Ministry Alcohol and Drug Treatment	1/19/06 2100 Ambulance	Substance Abuse	No	Yes	Yes	Substance Abuse Treatment	Yes

ND – Not Documented

*Please see pre-admit residence/pt. agreed to d/c plan

Homeless Discharge Data for County Transports January – March 15, 2006
LAC + USC Medical Center

Pt. Initials & DOB	EMS or URM List	Pre-admit Residence	Reason for Admission and Date	D/C Plan	Trip Date Time & Mode	Ongoing Medical Concerns	Pt. request for Skid Row resource?	Pt. aware & agreed to D/C Plan?	Social Worker Involved?	Aftercare Needs	Shelter Placement Arranged?
KL	EMS	Car	Motor Vehicle Accident 1/18/06	Discharge to Union Rescue Mission	1/20/06 1500 Ambulance	Left Clavicle fracture	No	Pt. did not want to be discharged	Yes	Per Physical Therapy consult: Pt. not appropriate for skilled therapy due to non-compliance	ND*
MW	EMS	Street	Blunt head trauma after attack on street 2/2/06	Discharged to Union Rescue Mission Attempt to contact brother but no correct phone number or address	2/3/06 1800 Ambulance	Facial fracture	No	Yes	Yes	2 clinic follow-up appointments: Ophthalmology Outpatient	ND*
NN	EMS	Union Station Bus Stop	ER visit only. LAPD attempt to 5150 for walking in street and being disoriented Psych ER did not admit.	Discharged to Union Rescue Mission	3/15/06 Ambulance	No physical complaints	ND	Yes and willing to go to shelter	No	None documented	ND*

ND – Not Documented

*Please see pre-admit residence/pt. agreed to d/c plan

**Homeless Discharge Data for County Transports January – March 15, 2006
Harbor – UCLA Medical Center**

Pt. Initials & DOB	EMS or URM List	Pre-admit Residence	Reason for Admission and Date	D/C Plan	Trip Date, Time & Mode	Ongoing Medical Concerns	Pt. request for Skid Row resource?	Pt. aware & agreed to D/C Plan?	Social Worker Involved?	Aftercare Needs	Shelter Placement Arranged?
BJ 12/14/50	EMS	Santa Monica	5150 1/14/06	Discharged to Union Rescue (per patient request) Referral for thyroid treatment.	1/27/06 0900 Ambulance	20 yr. history of goiter and treatment refusal. Consult with endocrinologist – pt. aware of consequences of treatment refusal.	Yes	Yes	Yes	Appointment at Downtown Mental Health Center on 1/30/06 Appointment at Harbor clinic on 1/27/06 for her thyroid.	Yes
ER 12/4/64	URM	Living with family in Antelope Valley (AV) region.	Transfer from Olive View 11/21/05 for ortho surgery.	Discharged on 12/24 to the Bell winter shelter via taxi. (URM was contacted but only had a top bunk available – not appropriate for this client)	12/23/05 & 12/24/05 Taxi	Pt has a history of depression and multiple falls. Pt was given a walker on 12/23/05. An APS report was filed on 11/21 by Harbor social worker due to concern about care provided at pt's family AV home. Per SW note dated 12/8/05, the pt had an open case at one time in Lancaster.	No	Yes	Yes	Appointment for Ortho Clinic on 1/1/06 scheduled. The patient did not show. Referral to Long Beach Mental Health.	Yes – with Bell Shelter